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25944

7590

12/23/2003

OLIFF & BERRIDGE, PLC
 P.O. BOX 19928
 ALEXANDRIA, VA 22320



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(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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09/973,780

10/11/2001

Makoto Yonezawa

110831

7283

TITLE OF INVENTION: IMAGE PICKUP APPARATUS AND DEFECT INSPECTION SYSTEM FOR PHOTOMASK

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional

YES

\$665

\$300

\$965

03/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
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BARTH, VINCENT P

2877

356-237200

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Oliff & Berridge, PLC

2

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LASERTEC CORPORATION

YOKOHAMA CITY, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☒ Publication Fee☐ Advance Order - # of Copies

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☒ A check in the amount of the fee(s) is enclosed. check no. 151878 (\$965)☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 15-0461 (enclose an extra copy of this form).

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(Authorized Signature)

(Date)

Yong S. Choi, Reg. No. 43,324 March 9, 2004

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03/11/2004 JADD02 00000048 09973780

01 FC:2501

665.00 OP

02 FC:1504

300.00 OP

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